

**West Virginia Board of Examiners
for Registered Professional Nurses**

101 Dee Drive, Suite 102
Charleston, WV 25311-1620

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Fax: (304) 558-3666

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2014 Lost License Form

FEE FOR DUPLICATE LICENSE: \$10.00 (Money Order or Check made payable to the WV
BD of Exam for RN)

License #		Soc. Sec. #	
Name			
Address			

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, the undersigned, being duly sworn according to law, do depose and say that on or about the day of _____, 20____, I lost my original West Virginia Certificate of Registration (license card), Number _____, entitling me to practice as a registered professional nurse in West Virginia, and that this affidavit is necessary in order that a record of this loss may be filed in the offices of the West Virginia State Board of Examiners for Registered Nurses, and that a replacement may be issued to me. The said certificate was lost or stolen or never received by me in, on, or about the following time and location and under the following circumstances:

Signature of Affiant _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires on the _____ day of _____, 20____.

(SEAL)

Notary Public in and for

COUNTY _____

STATE _____

NOTARY SIGNATURE